

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-878)							SERIAL NO. <b>10/088737</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/				51	
2	/		/				52	
3	/		/				53	
4	/		/				54	
5	/		/				55	
6	/		/				56	
7	/		/				57	
8	/		/				58	
9	/		/				59	
10	/		/				60	
11	/		/				61	
12	/		/				62	
13	/		/				63	
14	/		/				64	
15	/		/				65	
16	/		/				66	
17	/		/				67	
18	/		/				68	
19	/		/				69	
20	/		/				70	
21	/		/				71	
22	/		/				72	
23	/		/				73	
24	/		/				74	
25	/		/				75	
26	/		/				76	
27	/		/				77	
28	/		/				78	
29	/		/				79	
30	/		/				80	
31	/		/				81	
32	/		/				82	
33	/		/				83	
34	/		/				84	
35	/		/				85	
36	/		/				86	
37	/		/				87	
38	/		/				88	
39	/		/				89	
40	/		/				90	
41	/		/				91	
42	/		/				92	
43	/		/				93	
44	/		/				94	
45	/		/				95	
46	/		/				96	
47	/		/				97	
48	/		/				98	
49	/		/				99	
50	/		/				100	
TOTAL IND.	1		1				TOTAL IND.	
TOTAL DEP.	42		48				TOTAL DEP.	
TOTAL CLAIMS	43		49				TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-79)

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